



**HAWAII STATE ETHICS COMMISSION  
ORGANIZATION'S OR INDIVIDUAL'S EXPENDITURES  
AND CONTRIBUTIONS REPORT**

(To be filed by organizations, employing organizations and individuals  
other than registered lobbyists)

**FORM ORG**

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HAWAII STATE ETHICS COMMISSION  
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STATE OF HAWAII  
ETHICS COMMISSION

For lobbying reporting period:

☒ January 1 - last day of February

☐ March 1 - April 30

☐ May 1 - December 31

Year of Report 20 05

Contact person LINDA BEECHINOR Phone 531-

Organization HAWAII NURSES ASSOCIATION

Mailing Address 677 ALA MOANA BLVD, #301  
HONOLULU, HI. 96813

**PART I. TOTAL EXPENDITURES**

The total sum or value of all expenditures for the purpose of lobbying during the statement  
period was: \$ 2172.58

**EXPENDITURES**

Category	Total Amount	Category	Total Amount
1. Preparation & distribution of lobbying materials		7. Entertainment	<input checked="" type="checkbox"/>
2. Media advertising		8. Food & beverages	<input checked="" type="checkbox"/>
3. Telegraph, telephone and other forms of telecommunication		9. Gifts	<input checked="" type="checkbox"/>
4. Postage		10. Loans	<input checked="" type="checkbox"/>
5. Compensation paid to lobbyists	<u>\$2168.08</u>	11. Other disbursements	<input checked="" type="checkbox"/>
6. Fees (other than to lobbyists)		TOTAL EXPENDITURES	<u>\$2168.08</u>

**COMPENSATION PAID TO LOBBYISTS**

List in this section the names of all lobbyists and compensation paid to the lobbyists during the statement period.

Name	Address	Compensation paid
<u>ALEX SANTIAGO</u>	<u>677 ALA MOANA BLVD. #301</u> <u>HONOLULU, HI 96813</u>	<u>\$2168.08</u>

## EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List in this section all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

☒ This section is not applicable

☐ Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons:

Name & Address	Amount or value

## AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

List in this section all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

☒ This section is not applicable

☐ Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons:

Name & Address	Amount or value

## PART II. CONTRIBUTIONS RECEIVED

List in this section all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

☒ This section is not applicable

☐ Contributions received in the total sum of \$25 or more per person were received from the following persons:

Name & Address	Amount or value

## PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Agriculture   | <input checked="" type="checkbox"/> Education           | <input checked="" type="checkbox"/> Human Services                          | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities                   | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce           | <input type="checkbox"/> Hawaiian Affairs               | <input checked="" type="checkbox"/> Labor & Employment                      | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation                | <input checked="" type="checkbox"/> Health              | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                    |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                        | <input checked="" type="checkbox"/> Public Safety & Corrections             |   |

I hereby certify that the statements made above are correct and complete to the best of my knowledge



(Signature of authorized person)

3/31/2005  
(Date)

Name of authorized person (type or print) LINDA BEECHINOR, MS, RN

Title of authorized person EXECUTIVE DIRECTOR